



Doc 13721
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Patent
Attorney's Docket No. 027650-928

#14
K. Colby
8/1/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of
Keiji YANO
Application No.: 09/830,686
Filed: August 3, 2001
For: HEAT-SEALING DEVICE

)
)
) Group Art Unit: 3721
)
) Examiner: Paul R. Durand
)
) Confirmation No.: 9925
)

RECEIVED
JUL 31 2003
TECHNOLOGY CENTER R3700

**REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER**

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
[] \$375.00 (2801) [X] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

[X] B. Applicant(s) previously submitted the following documents for which continued examination is requested:

[X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on July 16, 2003.

[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on .

[] Other: _____

2. The following documents are enclosed with this submission:

[] Amendment/Reply.

[] Affidavit(s)/Declaration(s).

[] Information Disclosure Statement (IDS).

[X] Petition for Extension of Time.

[] Other: _____

3. [] Small entity status is hereby claimed.

[X] No additional claim fee is required.

[] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

Request for Continued Examination Transmittal Letter

Application No. 09/830,686Attorney's Docket No. 027650-928

Page 2

C L A I M S					
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims	20	MINUS 20 =		× \$18.00 (1202) =	
Independent Claims	3	MINUS 3 =		× \$84.00 (1201) =	
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					750.00
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					750.00

4. ☒ A check in the amount of \$ 750.00 is enclosed for the fee due.
5. ☐ Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: July 25, 2003

By: William O. Trousdell
 William O. Trousdell
 Registration No. 38,637

P.O. Box 1404
 Alexandria, Virginia 22313-1404
 (703) 836-6620

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/830,686

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* —
INDEPENDENT CLAIMS	3 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	